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**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

Sheet 1 of 1

Complete if Known

| | |
|------------------------|----------------|
| Application Number | 10/589,778 |
| Filing Date | April 25, 2008 |
| First Named Inventor | Shilliday |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 53982/333698 |

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| Examiner Initials* | Cite No. ¹ | Document Number | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
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| | | Country Code ³ - Number ⁴ - Kind Code ⁵ (if known) | | | | |
| | | DE 200 16471 U1 | 02-22-2001 | TRW Occupant Restraint Systems | | Yes |

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|--------------------|--|-----------------|--|
| Examiner Signature | | Date Considered | |
|--------------------|--|-----------------|--|

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.